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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Volga Tribune		2. DATE 9-28-2017
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 51	3B. ANNUAL SUBSCRIPTION PRICE $ 49.98/50.90
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 207 Kasan Ave, PO Box 18, Volga, Brookings County, SD 57071-0018		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) RFD Newspapers, Inc., 207 Kasan Ave, PO Box 18, Volga, SD 57071		
6. FULL NAME OF PUBLISHER: Ken Reiste		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME — COMPLETE MAILING ADDRESS Ken Reiste, PO Box 830, Clear Lake, SD 57226-0830		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. None		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	600	600
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	140	115
2. Mail Subscription (Paid and or requested)	383	383
3. Paid Electronic Copies	24	25
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	547	523
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	18	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	565	523
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	18	77
2. Return from News Agents	17	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	600	600

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Ken Reiste
(Signature)

publisher
(Title)

State of South Dakota)
§
County of Deuel)

Sworn to before me this 28th day of September, 2017

Brenda Schake
Notary Public

My commission expires: 9.21.21

(Seal)
BRENDA SCHAKE
NOTARY PUBLIC
SOUTH DAKOTA
SEAL SEAL